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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Ethiopia

Proposed UNFPA assistance:	$30.0 million, $24.8 from regular resources and $ 5.2 million from multi-bilateral and/or other, including regular, resources
Programme period:	4 years (1998-2001)
Cycle of assistance:	Fourth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	19.2	5.2	24.4
Population & development strategies	4.0	-	4.0
Advocacy	1.0	-	1.0
Programme coordination & assistance	0.6	-	0.6
Total	24.8	5.2	30.0

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ETHIOPIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	10.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	4.0	≥55
Access to basic health services (%)[3]	46.0	≥60
Infant mortality rate (/1000)[4]	119	≤50
Maternal mortality rate (/100,000)[5]	560	≤100
Gross female enrolment rate at primary level (%)[6]	17.9	≥75
Adult female literacy rate(%)[7]	20.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	56,404
Population in year 2000 (000)	66,175
Sex ratio (/100 females)	101.3
Per cent urban	16
Age distribution (%)	
Ages 0-14	46.2
Youth (15-24)	18.6
Ages 60+	4.5
Percentage of women aged 15-49	43.8
Median age (years)	16.9
Population density (/sq. km.)	51
Annual population growth rate (%)	3.20
Urban	5.90
Rural	2.66
Crude birth rate (/1000)	48.2
Crude death rate (/1000)	16.2
Net migration rate (/1000)	-0.2
Total fertility rate (/woman)	7.00
Life expectancy at birth (years)	
Males	48.4
Females	51.6
Both sexes	49.9
GNP per capita (U.S. dollars, 1994)	130

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2001 to assist the Government of Ethiopia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $30 million, of which $24.8 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $5.2 million from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Ethiopia. The UNFPA country programme would be partly synchronized with those of UNDP (1997-2001) and the World Food Programme (1998-2002).

2. The proposed programme has been developed in collaboration with the Government of Ethiopia and other national and international partners. It takes into account: (a) the National Population Policy, the National Population Programme, and the proposed National Information, Education and Communication (IEC) and Advocacy Strategy, as well as other social policies and strategies, such as the Health Policy, the Policy on Ethiopian Women, and the Health Sector Investment Programme; (b) the Framework for Cooperation between the Government of Ethiopia and UNFPA for the fourth programme cycle, prepared by the Government of Ethiopia; (c) the 1995 mid-term review of the previous programme; and (d) the results of UNFPA's 1997 programme review process; the lessons learned from UNFPA-supported activities to date; a joint UNFPA and WHO reproductive health needs assessment exercise; a contraceptive requirement and logistics management needs mission carried out jointly by UNFPA and the United States Agency for International Development (USAID); a gender, population and development study carried out jointly by the Netherlands and UNFPA; and a review of donor support in population.

3. Ethiopia is defined by UNFPA as a category "A" country. Thus, the proposed programme would include interventions in all three UNFPA core programme areas: reproductive health, including family planning, sexual health and IEC; population and development strategies; and advocacy. The goal of the proposed programme would be to assist the Government of Ethiopia in improving the health and well-being of the Ethiopian people by strengthening the implementation of population and development and reproductive health policies and programmes. In Ethiopia, the policy and institutional framework is in place but needs further strengthening to be able to translate policies into interventions at the grass-roots level. In this context, the emphasis of the proposed programme will be on providing assistance for some key strategic activities in support of effective programming and on supporting interventions at the grass-roots level. This would be a logical continuation of the third country programme. Eighty-one per cent of the programme funds would be allocated to reproductive health. A minimum of 80 per cent of the programme funds will be allocated for activities at the decentralized levels. Programme coordination and assistance funds will be used in consultation with the Government.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the

International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The population of Ethiopia, the third most populous country in Africa, is currently about 58 million. It is characterized by a diversity of cultures, languages, religions and habitats. The population is estimated to be increasing at an annual rate of about 3 per cent, doubling its size in 23 years. Marriage is still early. The total fertility rate is about 7 and is apparently declining. The contraceptive prevalence rate is low, but is thought to have increased in the 1990s from less than 5 per cent to 11 per cent at present. Awareness of family planning is quite high, but there is still a significant unmet need. Infant and maternal mortality rates are high. HIV/AIDS and abortions are on the increase. The practice of female genital mutilation (FGM) is widespread. There are large regional differences in terms of both fertility and mortality.

6. Migration and urbanization were important demographic factors in Ethiopia during the 1980s when internal and international movements of millions of people were induced by droughts, famine, war, and other economic and political hardships. It is likely that rural-to-urban movements have continued since then, whereas other internal migrations may have lessened due to the improved political and food security situations. Currently about 80 per cent of the population lives in rural areas. Nationally, the population density is 51 people per square kilometre, but there are great variations across the country.

7. The general health status of the people of Ethiopia is poor even in comparison to other low-income countries. Underlying causes include low income, low levels of education and poor access to health services. The uneven distribution of health facilities in favour of the cities exacerbates this situation; in addition, it is estimated that less than a third of health facilities are in good condition. Finally, there is a low utilization of the existing services. A large proportion of the health workers are male, and there is a lack of prenatal, delivery, and postpartum care (health service coverage in antenatal care is estimated at 20 per cent and institutional deliveries at 7 per cent of the total). Anaemia and malnutrition, pregnancy at very young ages, high parity, FGM, septic abortions, sexually transmitted diseases (STDs) and HIV/AIDS all contribute to the high maternal morbidity and mortality rates. Factors affecting adolescent reproductive health include early marriage, unprotected sexual activity, limited parental guidance and lack of employment opportunities and recreational facilities.

8. The 1990s have seen many positive changes in Ethiopia. These include change in the political and economic situation from a communist system to a state based on democratic and market economy principles; peace after 30 years of war; a federal and decentralized system designed to give a voice to the various ethnic groups in the country; and progress in agricultural production. However, Ethiopia's socio-economic indicators continue to show a very low level of economic and

social development. With an estimated per capita income of $120 in 1995, Ethiopia is one of the poorest countries in the world, ranking 170th out of 175 countries in UNDP's Human Development Index.

9. In 1993, the National Population Policy was promulgated in line with the new economic policy, which recognized that the formulation and implementation of a population policy was an integral part of macro-economic planning and was necessary to ensure a balance between population and economic growth. The National Office of Population in the Ministry of Economic Development and Cooperation and the Regional Offices of Population were created to coordinate the policy. The National Health Policy was also promulgated in 1993, and the Government of Ethiopia has prepared a Health Sector Investment Programme (SIP), which includes decentralization of health care, expansion of facilities, and the implementation of comprehensive and integrated primary health care based on community-level health facilities with an emphasis on prevention. The Government of Ethiopia has ratified the Convention on the Elimination of All Forms of Discrimination Against Women and has established a supportive policy and institutional framework for the advancement of women and the achievement of gender equality. The Constitution, the National Policy on Ethiopian Women and the establishment of the Women's Affairs Office demonstrate the Government's progressive views on issues of gender equality and women's empowerment.

Achievements, constraints and lessons learned from past UNFPA assistance

10. UNFPA started its assistance to Ethiopia in 1973 and has supported three programme cycles to date. The Fund has contributed to building a good basis for the implementation of a successful programme: there is a positive, gender-sensitive policy framework in place as well as institutions at the central and regional levels. Awareness has been created among policy makers, the general public and students. Institutional capacity has been strengthened in several ministries in terms of reproductive health, IEC, and population and development strategies. The Government of Ethiopia is committed to improving reproductive health conditions; family planning services have been introduced in most health facilities; the contraceptive method mix has been improved; a census was undertaken; and university centres are in place for training and research. However, some constraints were met during the last cycle: institutional and administrative changes; high staff turnover exacerbating the limited human resources base; limited or out-dated data; inadequate coordination and synergy between inputs and activities; and limited monitoring.

11. Among the lessons learned, the most important ones are related to the need to focus thematically and geographically, to strengthen the monitoring and evaluation of the programme, to simplify subprogramme and project design, to strengthen coordination, and to give increased attention to meeting the needs of the population.

Other donors' contributions

12. UNFPA is the major funding agency for the population programme of Ethiopia. The programme has also received contributions from Norway, Italy and UNDP and has benefited from Danish funds provided for post-ICPD initiatives in sub-Saharan Africa. USAID has an agreement of assistance for a health, population and nutrition programme over a period of seven years. Its focus is on policy-related activities, IEC and service delivery through non-governmental organizations (NGOs), and on the southern region of the country. Germany is providing support for a community-based distribution of contraceptives project and may also provide support in the form of contraceptive supplies. Sweden has been supporting maternal health services, family planning, midwifery training and adolescent health. Japan is also providing support to the health sector. The Government of Ethiopia is now finalizing its programme on health with support from UNDP. WHO supports the mother-baby package and HIV/AIDS-related activities and is also working with UNFPA on reproductive health activities. UNICEF is active at the grass-roots level. The World Bank is now formulating its programme in the health sector in the framework of the Sector Investment Programme. In fact, all assistance to the health sector takes place within the framework of the Health Sector Investment Programme, which creates a conducive environment for coordination and collaboration. The proposed UNFPA assistance in reproductive health has been formulated in that context.

13. There are a few international NGOs involved in population activities in Ethiopia, such as the International Planned Parenthood Federation (IPPF), AVSC, Pathfinder International, Marie Stopes International, PSI/DKT, and Family Health International (FHI).

14. There are relatively few donors providing support in the area of population and development. UNFPA and USAID will work together in supporting the Government in collecting new data and will complement each other in the area of policy development. UNFPA works closely with other donors in the area of gender. UNFPA assistance will attempt specifically to help link population and gender issues.

Proposed programme

15. The goal of the proposed country programme is to assist the Government of Ethiopia in improving the health and well-being of the Ethiopian people by strengthening the implementation of population and development and reproductive health policies and programmes. Activities to be supported will be planned, implemented and monitored within the framework of the Government's development policies, strategies and programmes, in particular the Government/UNFPA Cooperation Framework, the National Population Policy and the Health Sector Investment Programme. Emphasis will be placed on consolidating past capacity-building activities and on facilitating efficient and purposeful utilization of that capacity.

16. Reproductive health. The Health Sector Investment Programme calls for a primary health care, integrated approach, and UNFPA assistance would support the Government in the operationalization of reproductive health programmes within that context. UNFPA's contribution would aim first at improving the quality of care but would also work to increase access through introduction of reproductive health information and services into existing and new health facilities and into other development programmes or projects.

17. The strategy proposed is based on the assumption that an approach addressing both supply and demand is necessary. The strategy also implies that there will be complementarity of, and synergy between, the UNFPA-supported activities at all levels, down to the grass-roots level. Much has been done in awareness creation among policy makers, programme managers and intermediary audiences, and some awareness creation has been carried out among the general public as well. There is great awareness and knowledge, especially as concerns family planning; however, rumours and misinformation still remain. There is also limited awareness and understanding of policies and legal rights in Ethiopia with regards to population and gender issues. Much remains to be done in order to reach the ultimate audience for these messages and to go beyond awareness creation in order to contribute to changing attitudes and behaviours.

18. The purpose of the programme in terms of reproductive health would be to increase the utilization of reproductive health services in Ethiopia by: (a) improving the quality of, and access to, reproductive health services; and (b) by contributing to the creation of an enabling environment, including enhancing IEC in support of reproductive health.

19. The following reproductive health conditions have been identified as priorities to be addressed: maternal and child health, adolescent reproductive health, reproductive tract infections including HIV/AIDS, family planning, and harmful traditional practices such as early marriage and FGM. These would be addressed as a package in all activities supported by the programme.

20. Certain management areas have been identified as priority areas for support, given their potential impact on both the management and provision of reproductive health services. These areas include development of guidelines, curricula and other training-related materials; training; management information systems; contraceptive logistics and distribution systems; and research and policy analysis. UNFPA will support the development of these materials and systems. In addition, some basic medical equipment, essential reproductive health drugs and contraceptives would be provided under the proposed programme. All these activities would aim at improving the quality of the services provided but would also contribute to increasing the percentage of facilities providing reproductive health services. The Government of Ethiopia and UNFPA will jointly encourage other United Nations agencies and NGOs to integrate and strengthen reproductive health information and services into their development activities.

21. Certain activities will focus on selected regions to be determined by the Government and UNFPA. A combination of criteria will be used to select these regions: socio-economic, demographic, and reproductive health and overall health coverage indicators, as well as other relevant criteria, including assistance being provided to the regions by the Government and other donors.

22. To strengthen the policy-decision process, and as a follow-up to previous activities such as the UNFPA/WHO reproductive health needs assessment exercise, a research programme would be developed by the Government of Ethiopia in collaboration with UNFPA. Research to be supported would be specifically designed to be policy or programme relevant.

23. UNFPA would contribute to creating an enabling environment by supporting a range of activities described in other programme areas (such as advocacy, sociocultural research, strengthening capacity to implement programmes, and mainstreaming gender issues) and also by supporting IEC activities. The National IEC and Advocacy Strategy, when adopted, will serve as the basis for such IEC activities as the development of target-specific information and educational materials on issues like harmful traditional practices, early marriage and reproductive health behaviour. Information will then be disseminated through multimedia channels, including traditional media. Attention would be given to understanding the sociocultural context of reproductive health, including health-care-seeking behaviours, in order to go beyond awareness creation to address specific concerns and to change attitudes and behaviours.

24. To reach communities more directly, networks of extension workers, home agents and teachers at the federal and regional levels would be strengthened and supported to implement activities at the grass-roots levels. Some small support would be given to initiate activities in the workplace. The capacity of the mass media (the press, television and radio) would be enhanced to reach a wide variety of audiences. The integration of population and family life education in primary, secondary and tertiary level curricula would be strengthened through the development and production of materials, carrying out appropriate research and the use of evaluation mechanisms. Expansion of population and family life education in teacher training institutes would continue, and support for in-service training for teachers in population and family life education would be provided. Linkages with the reproductive health programme would enhance school-based guidance and counseling networks and would promote out-of-school activities (e.g., clubs, drama, music contests, etc.) and peer education programmes.

25. It is expected that with UNFPA assistance a management information system and a contraceptives logistics and distribution system will be developed. A training system will also be put in place, including the development of training materials. Health workers will be trained so that they are capable of providing the reproductive health package. Greater use of available data and enhanced supervision will be encouraged in order to improve management performance. Contraceptives will be made available everywhere in the country. The population, women, men and

youth, will be informed about the benefits of reproductive health and motivated to use the reproductive health-care system. Agriculture workers and teachers will work to inform the population of the benefits of good reproductive health. Access to reproductive health services will be increased with the introduction of reproductive health services in all health facilities and with the introduction of reproductive health into other United Nations development programmes. Finally, it is expected that policy and programme design and monitoring would be increasingly based on more informed decision-making through support for relevant research activities.

26. A large proportion of the funds would have to be allocated for the provision of reproductive health, including family planning, services. In addition, multi-bilateral funds will be sought to complement UNFPA's regular resources. In the event that multi-bilateral funds are not mobilized, the coverage of the programme would have to be reviewed.

27. Population and development strategies. There is now a rich and positive policy environment in Ethiopia, and awareness-creation activities have been successful. However, there is a need to update programmes in light of recent international conferences in order to benefit the population at the grass-roots level. The institutional structure needs to be strengthened for effective implementation and monitoring of programmes. There is also a need for updated data on reproductive health, as well as on population and development. Initial efforts to strengthen the country's training and research capacity have been positive, but they have as yet had little impact on policies or on programme formulation and monitoring; coordination and linkages between the different stakeholders need to be reinforced.

28. The purpose of UNFPA's support for population and development strategies is to contribute to the integration of population variables into the development process, to promote gender equity and equality and to consolidate the policy process and the operationalization of population-related policies into effective programmes. The institutional network for gender and population would be strengthened in the use of data, policy analysis, design and monitoring of programmes. The proposed programme would include support for networking and consensus-building and for increasing capacity for training and research in gender, population and development.

29. UNFPA, in collaboration with other agencies, such as USAID, would support a family and fertility survey and other surveys in accordance with government priorities. Assistance would be provided for the establishment of indicators to monitor social changes in the country. Assistance would also be provided to the Government of Ethiopia in support of further analysis, dissemination and use of the 1994 census data and in preparation for the next census, including improving the Government's capacity to conduct a cost-effective census using innovative ideas.

30. In the Ethiopian context, it is crucial to back up the formulation of population and development plans with the findings of carefully designed and executed socio-economic, sociocultural and demographic research. To this effect, assistance will be provided in support of

local organizations that undertake such research. The programme will also contribute to the development and strengthening of a network of research institutions interested in population studies.

31. There is also a need to improve the analytical capacity of institutions responsible for data collection and research and to improve domestic capacity for conducting training in population and related matters. In support of the decentralization process, training would be provided at the central, regional and zonal levels.

32. Advocacy. Even though there is a rich and positive policy and legal environment with regard to population and gender, there is a need to stimulate a national consensus around priority population, gender and development issues, with a view to increasing support and commitment from both the Government and local communities, and also to foster a favourable environment for the implementation of sustainable population-related programmes. Priority areas have been identified for advocacy activities in the areas of reproductive rights, adolescent reproductive health (in particular, in increasing access to information and services and in advocating against early marriage and harmful traditional practices, including FGM), male involvement in reproductive health, HIV/AIDS, and protection of the girl-child.

33. The purpose of advocacy efforts under the proposed programme would be to contribute to increased commitment and support of policy makers and opinion leaders at all levels for population and gender policies and programmes. Support would focus on the priority issues and include sensitization of decision makers, opinion leaders and programme managers at all levels through the mass media, seminars, workshops, conferences and study tours. Efforts would also be made to foster coalitions of stakeholders as well as negotiations and networks with parliamentarians, media professionals, ministries, professional associations, women's and adolescents' rights advocates, and religious and community leaders. Advocacy efforts would include dialogue with decision makers on key issues and barriers (legislative, traditional and religious norms and practices) associated with population policies and programmes, including resource allocations. The programme would also promote adequate packaging, dissemination and utilization of data in policy formulation and monitoring. The proposed programme would provide training on advocacy for stakeholders, programme managers and researchers. UNFPA would work with the Government of Ethiopia in promoting the participation of girls in schools at all levels.

Implementation, coordination, monitoring and evaluation

34. The Ministry of Economic Development and Cooperation (MEDAC) is responsible for the overall coordination and management of donor inputs in Ethiopia. The National Office of Population, in MEDAC, is charged with the coordination, monitoring and evaluation of all population activities supported by UNFPA, as well as other international and national partners, including NGOs. UNFPA will continue to participate actively in the coordination fora established

by the Government of Ethiopia or by other donors. Continued complementarity with other donor programmes would be monitored through meetings, joint field visits and similar mechanisms.

35. The Government of Ethiopia is extremely committed to national execution and ownership. The existing national expertise (such as consultants and national professional project personnel) would be used as much as possible, and the programme would include strengthening the national capacity to design, implement, manage, monitor, coordinate and evaluate UNFPA-supported programmes. The services of the Technical Support Services system and Country Support Team advisers will continue to be drawn upon, as will the use of United Nations Volunteers. For highly specialized technical work, the assistance of technically competent agencies will be used as needed. UNFPA will collaborate closely with the institutions responsible for the implementation of key activities. Efficient design and implementation of population activities will require the effective participation of all beneficiaries.

36. Presently, the UNFPA Field Office has five professionals -- the Representative, one international programme officer, two national programme officers, and one national programme assistant. A third national programme officer post, on the staffing table, is to be filled. The office has the services of a junior professional officer for another year. Given the size of the programme and the additional responsibilities of liaison with the Organization for African Unity and the Economic Commission for Africa, it is proposed that two national professional project personnel positions be recruited in consultation with the Government in order to strengthen the monitoring of the programme.

37. Established UNFPA procedures for monitoring and evaluation of the overall programme and its constituent elements would be followed, with a mid-term review scheduled for late 1999 or by early 2000, and annual programme or project reviews. The logical framework approach will be used for the formulation of subprogrammes, and indicators for monitoring and evaluation will be determined at the time the subprogrammes are designed. Baseline data would be collected to refine the design and to facilitate the evaluation of the programme. An assessment would be done at the end of the programme to measure progress in terms of the indicators selected.

Recommendation

38. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Ethiopia as presented, in the amount of $30 million over the period 1998-2001, of which $24.8 million would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $5.2 million would be sought from multi-bilateral sources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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